

Saint Joan of Arc Parish

R.C.I.C.

1701 Bloor Street West, Toronto, ON, M6P 1B1

Religious Education Registration 2016/2017

Please print in BLOCK LETTERS

Child's Full Name:		Birthday (MM/DD/YYYY)	Sex:	Age:
Registered at St. Joan of Arc Parish Yes <input type="checkbox"/> No <input type="checkbox"/> (if NO, please contact the church office)	Name of School:		Grade:	
Mother/Guardian's Full Name (Maiden Name for Last Name):		Father/Guardian's Full Name		
Address:		City:	Postal Code:	
Home Phone Number:	Work Phone Number:	Cell Phone Number:		
*E-Mail:				
Does your child have any allergies/learning disabilities/special circumstances that we should know about? Please describe if YES:				

Sacraments my child has celebrated:

Baptism: (MM/DD/YYYY) _____ at St Joan of Arc OR at * _____

First Reconciliation: (MM/DD/YYYY) _____ at St Joan of Arc OR at * _____

First Communion: (MM/DD/YYYY) _____ at St Joan of Arc OR at * _____

*** Please attach copies of Baptismal and First Communion certificates (include translation if they are not in English). ***

Please check the required class for your child:

Older child needing sacraments (R.C.I.C) Flexible Meeting Time Fee \$60

RCIA for Children (RCIC) Flexible Meeting Time Fee \$60

Payment by Cash Cheque in amount of \$ _____ Not Paid

Receipt Issued

Received on: _____ by: _____

For the Parents/Guardians of this child:

I/We are willing to assist as a facilitator in my child's catechism class
 Sometimes Regularly

I/We are interested in teaching a Religious Education class

For the security of the parish children, I understand that the Church may authorize a Criminal Record Check (as per Ontario Law) and that all information will be kept confidential

I consent to the use of my child's picture on the parish website/bulletin boards/sacramental photo distribution/ or any other purposes for the use of St Joan of Arc Parish ONLY.